



PROJECT ID# \_\_\_\_\_

## Grove City Planning Commission FINAL DEVELOPMENT PLAN APPLICATION

Please provide the requested  
information and submit to:

DEVELOPMENT DEPARTMENT  
4035 BROADWAY  
GROVE CITY, OHIO 43123  
614-277-3004

[grovecityohio.gov/development](http://grovecityohio.gov/development)

### PROJECT / PROPERTY INFORMATION

PROJECT NAME: American Self-Storage  
PROJECT LOCATION: Southwest Blvd + Hoover Rd. east by 300 ft  
PARCEL ID NUMBER: 040-007883-00 ACREAGE AFFECTED BY THIS APPLICATION: 4.55  
EXISTING ZONING: Ind. EXISTING LAND USE: Vacant Ind. Land  
PROPOSED ZONING: Ind. PROPOSED LAND USE: Self-Storage

### PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office

Pizzuti Land, LLC 629 N. High St. Ste. 500 Columbus, OH 43215  
Name Address City, State, Zip  
614-280-4008 N/A proseye.pizzuti.com  
Phone Fax Email

### APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application

Robert LeVeck CEO LeVeck Construction + Development  
Name Title Company / Organization  
232 Frankfurt Sq. Columbus OH 43206  
Address City State, Zip  
614-582-4765 N/A rleveck@leveckconstruction.com  
Phone Fax Email

### AUTHORIZED REPRESENTATIVE

Check box if same as Applicant ☒

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant or related parties.

Name Title Company / Organization  
Address City State, Zip  
Phone Fax Email

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

### SUBMITTAL REQUIREMENTS

Instructions: All blank boxes must be completed or checked in order for the application submittal to be considered complete. The Engineering Review Fee is calculated in accordance with the City's [Fee Recovery Policy](#). The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

	Fee Calculation
Application Fee:	\$ 300.00
Engineering Review Fee:	+ \$ 1,727.50
Total Submittal Fee:	= \$ 2,027.50

Submittal Items	(check box)
Completed Application (signed and notarized):	<input type="checkbox"/>
Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Ten (10) copies of plans (folded and collated)	<input type="checkbox"/>

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I, Scott B West, Executive Vice President of the current property owner hereby authorize the applicant Lebeck Construction Development to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

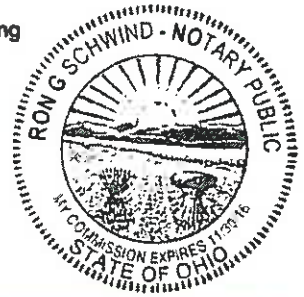
Signature of Current Property Owner: Scott B West Date: 3/25/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 25 day of March, 20 16

Official Seal and Signature of Notary Public



APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I, Robert Lebeck, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: [Signature] Date: 3/20/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 28th day of March, 20 16

Official Seal and Signature of Notary Public



SUE A SKREI  
Notary Public  
In and for the State of Ohio  
My Commission Expires  
September 9, 2020

FOR OFFICE USE ONLY

DATE RECEIVED: <u>03/28/16</u>	RECEIVED BY: <u>mk</u>	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE <u>5/3/16</u>	PC RECOMMENDATION	CHECK NUMBER:
PROJECT ID NUMBER: <u>201603280021</u>	CITY'S REVIEW ENGINEER	